

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF MENTAL HEALTH**



## **MHRS Bulletin**

Bulletin ID: No.87

Effective Date: October 2, 2006  
Revised January 24,  
2013  
Replaces bulletin #  
13

Termination Date:

This Bulletin sets forth the steps for obtaining initial authorization and re-authorization of ACT services, as well as discharge, transition and transfer to another agency.

### **ACT WORK FLOW:**

#### **I. Initial Request:**

Request for Initial ACT Authorization Request \*All New requests for ACT Services:

- Complete Initial ACT request in Provider Connect
- Include a clinical note that provides a summary of consumer's current conditions which includes AXISI-V diagnosis and strategies need to support community tenure.
- For agencies that do not have access to Provider Connect existing consumers, please fax hard copies of:
  - a) Current assessment of the consumer's clinical needs
  - b) LOCUS
  - c) IRP
  - d) ISSP

Copies should be faxed to the attn: of ACT Coordinator at: (202) 671-2972

Please note the initial ACT request should not be completed for those consumers that have had previous ACT services:

- All initial requests for ACT Services are to be reviewed by the DMH ACT Coordinator

#### **II. Reauthorization/Continued Stay Request:**

Request for Reauthorization/Continued Stay ACT Services:

- Submitted to the Corse Service Agency (CSA) for entry

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- Complete ongoing ACT request in Provider Connect with clinical summary of consumer's present need
- LOCUS
- Consumer's need of supplemental ACT units-direct to ACT Coordinator
- For existing authorizations, the next request will require submission of the **ACT Service line only**(Basically clinical reviews will occur every 6(six) months)

\*For those consumers with a reauthorization start date of October 1, 2006, the Continued Stay ACT Event should be completed

### **III. Transition/Discharge Request:**

- Follow protocol in that the ACT Team and CSA collaborate on the request
- All requests should be entered electronically
- All transition/discharge requests are to be reviewed by the DMH ACT Coordinator for disposition and tracking

### **IV. Transfers to Agencies for ACT Services:**

All transfer requests must be directed to the attention of the ACT Coordinator prior to making an electronic submission.

### **V. Choice of Providers:**

**Please note that DMH will try to honor all rendering Provider selections. However, Rendering Provider choices are subject to availability/specific eligibility criteria of specialized ACT Teams**

### **VI. Appeal**

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Clinical requests pertaining to ACT should be forwarded to the ACT Coordinator who will consult with the DMH Medical Director.